

CERTIFICATE OF SERVICE

| | | | | | | | |
|-----------------------------------------------------------------------------------------|--------------|----------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|--------------|
| CONTRACTOR Firewel Company, Inc. 3685 Broadway Buffalo 25, N.Y. | | | | TO: (Major Air Command) SAC (IMSD) Offutt AFB, Nebr Forward to: AMC (IMSH) Wright-Patterson AFB, Ohio | | | |
| CONTRACT AF 33(600) HP-AF 1940 EXHIBIT NO. One | | | | DATE OF CERTIFICATE 31 AUG 1959 | | | |
| 1. NAME OF CTSP (Last, First, and MI) [REDACTED] | | 2. AF UNIT 1080 Strat R Wg (DCM) | | 3. PERIOD OF CERT (Inclusive dates) 1 Aug THRU 31 Aug 59 | | | |
| 4. VACATION TIME (Inclusive dates) 11 Aug THRU 24 Aug 59 FOIAb3a | | 5. SICK TIME (Inclusive dates) None THRU | | 6. CONTRACT HOLIDAYS None | | 7. BILLABLE DAYS 21 | |
| 8. AUTHORIZED OVERTIME HOURS WORKED | | | | | | | |
| DATE | TIME AND 1/2 | DOUBLE TIME | DATE | TIME AND 1/2 | DOUBLE TIME | DATE | TIME AND 1/2 |
| None | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 9. DATES ON WHICH PREMIUM PAY SHIFTS WERE WORKED None | | | | | | | |
| 10. TEMPORARY DUTY AWAY FROM HOME STATION (Enter hour and date of departure and return) | | | | | | | |
| DEPARTED | | RETURNED | | DEPARTED | | RETURNED | |
| | | 10 Aug 59 | | | | | |
| 11. AUTHORIZED TRAVEL PERFORMED BY COMMERCIAL CARRIER (Including Taxicab, etc.) | | | | | | | |
| INCLUSIVE DATES | | FROM | | TO | | MODE COST | |
| 3 Aug THRU 10 Aug | | Wright Patterson AFB, Ohio | | Firewel Co., Buffalo, N.Y. | | Commercial Airline | |
| THRU | | | | | | | |
| THRU | | | | | | | |
| 12. AUTHORIZED PRIVATELY - OWNED CONVEYANCE TRAVEL (Except on-base mileage) | | | | | | | |
| INCLUSIVE DATES | | FROM | | TO | | TOLLS MILES | |
| N/A THRU | | | | | | | |
| THRU | | | | | | | |
| THRU | | | | | | | |
| THRU | | | | | | | |
| 13. AUTHORIZED ON BASE MILEAGE BY PRIVATELY - OWNED CONVEYANCE: N/A MILES | | | | | | | |
| 14. GOVERNMENT TRANSPORTATION REQUESTS USED | | | | | | | |
| DATE ISSUED | | ISSUING AGENCY | | FROM | | TO | |
| N/A | | | | | | | |
| | | | | | | | |
| 15. GOVERNMENT QUARTERS WERE USED ON THE FOLLOWING DATES: N/A | | | | | | | |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 16. IF THIS IS THE INITIAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE PLACE OF LAST ASSIGNMENT AND DATE OF DEPARTURE: | |
| N/A | DEPARTED (Place) ON (Date) |
| 17. IF THIS IS THE FINAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE DATE OF DEPARTURE: | |
| N/A | |
| 18. DEPARTED THE UNITED STATES FOR OVERSEAS DUTY FROM | |
| N/A | (Port) ON (Date) |
| 19. ARRIVED THE UNITED STATES FROM OVERSEAS DUTY AT | |
| N/A | (Port) ON (Date) |
| 20. NAME OF COUNTRY WHERE OVERSEAS DUTY WAS PERFORMED DURING THIS PERIOD (Unless prohibited for security reasons) | |
| N/A | |
| 21. ADDITIONAL INFORMATION AND REMARKS: | |
| <p>This certificate is a corrected copy. At Wright Patterson AFB, Ohio 3 and 4 Aug 59, Official business trip, reference attached letter. At Firewel Co., Buffalo, N.Y. from 5 Aug to 10 Aug 59 for refresher course. On vacation 11 Aug thru 24 Aug 59.</p> | |
| 22. CERTIFICATION: I certify that the information in Items 1 thru 21 above is true and correct to the best of my knowledge and belief. | |
| | FOIAb3a (Signature of CTSP) |
| 23. CERTIFICATION: I certify that the services reported above were performed in a satisfactory manner, authorized in advance by competent authority, and that appropriate exceptions, with the following exceptions: | |
| (If services were not satisfactory, complete) | |
| NAME | (Facsimile) |
| STATINTL | |
| AFSN | ORGANIZATION |
| 35808A | 4080 Strat R Wg (D) |
| INSTRUCTIONS FOR PREPARATION: | |
| a. Items not applicable will be indicated by N/A. | |
| b. The period covered by a certificate will not include more than one calendar month. | |
| c. ITEM 6. The number of contract holidays in the period will be entered regardless of whether they were work days. If they were work days, this will be shown in Item 8 as overtime even if contract does not provide for overtime premium pay. Reimbursement will be made for holiday work in accordance with applicable contract. | |
| d. ITEM 7. The number of billable days is the total number of days in the period, less vacation days, sick days, and contract holidays. (Authorized travel days will be included in this item) | |
| e. Entries in Items 8, 10, 11, 12, and 14, may be double-spaced or single-spaced as required. If additional space is needed, Item 21 may be used. | |
| f. Month and year may be omitted when entering dates, except for date of certificate and Item 3. All other dates must be within the period covered by the certificate. | |
| g. ITEM 23. If services were not satisfactory, or if there is disagreement as to the services performed, the AF Supervisory Officer must explain in Item 23. | |